CONGREGATIONAL HOME

CONGI	/EGMII/	JIMAL	HOME
3150	LILLY	ROAI)

BROOKFIELD 53005 Phone: (262) 781-05	50	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed $(12/31/02)$:	70	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/02):	88	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/02:	64	Average Daily Census:	64
***********	*****	*********	*********
Services Provided to Non-Residents Age, S	ex, and Primar	y Diagnosis of Residents (12/31/02)	Length of Stay (12/31/02)

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care	No	Primary Diagnosis	응	Age Groups	ું ુ	Less Than 1 Year	31.3
Supp. Home Care-Personal Care	No					1 - 4 Years	51.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	17.2
Day Services	No	Mental Illness (Org./Psy)	31.3	65 - 74	1.6		
Respite Care	Yes	Mental Illness (Other)	3.1	75 - 84	25.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	32.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.6			Nursing Staff per 100 Res	idents
Home Delivered Meals	Yes	Fractures	4.7		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	23.4	65 & Over	100.0		
Transportation	No	Cerebrovascular	1.6			RNs	21.8
Referral Service	No	Diabetes	3.1	Sex	용	LPNs	3.1
Other Services	No	Respiratory	4.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	26.6	Male	21.9	Aides, & Orderlies	55.7
Mentally Ill	No			Female	78.1	1	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No			I	100.0	1	

Method of Reimbursement

		edicare		_	dicaid tle 19			Other			Private Pay	<u> </u>		amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	o _l o	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	64	100.0	192	0	0.0	0	0	0.0	0	64	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		0	0.0		0	0.0		64	100.0		0	0.0		0	0.0		64	100.0

CONGREGATIONAL HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
ercent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	10.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.5	Bathing	1.6		79.7	18.8	64
Other Nursing Homes	12.5	Dressing	3.1		90.6	6.3	64
Acute Care Hospitals	32.5	Transferring	10.9		67.2	21.9	64
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.4		65.6	25.0	64
Rehabilitation Hospitals	0.0	Eating	60.9		32.8	6.3	64
Other Locations	42.5	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * *	*****	******	******	******
otal Number of Admissions	40	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	3.1	Receiving Resp	iratory Care	10.9
Private Home/No Home Health	2.4	Occ/Freq. Incontiner	nt of Bladder	71.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	37.5	Receiving Suct	ioning	0.0
Other Nursing Homes	2.4	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	12.2	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 40.6
Rehabilitation Hospitals	0.0	·			,	-	
Other Locations	22.0	Skin Care			Other Resident C	haracteristics	
Deaths	61.0	With Pressure Sores		7.8	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		6.3	Medications		
(Including Deaths)	41				Receiving Psyc	hoactive Drugs	70.3

		Ownership:			Size:	Lic	ensure:			
	This	Non	profit	50	-99	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	90	90	Ratio	%	Ratio	90	Ratio	ଚ	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	72.7	85.6	0.85	86.7	0.84	84.2	0.86	85.1	0.85	
Current Residents from In-County	62.5	88.1	0.71	90.3	0.69	85.3	0.73	76.6	0.82	
Admissions from In-County, Still Residing	30.0	23.6	1.27	20.3	1.48	21.0	1.43	20.3	1.48	
Admissions/Average Daily Census	62.5	134.2	0.47	186.6	0.33	153.9	0.41	133.4	0.47	
Discharges/Average Daily Census	64.1	140.2	0.46	185.6	0.35	156.0	0.41	135.3	0.47	
Discharges To Private Residence/Average Daily Census	1.6	46.8	0.03	73.5	0.02	56.3	0.03	56.6	0.03	
Residents Receiving Skilled Care	100	90.1	1.11	94.8	1.05	91.6	1.09	86.3	1.16	
Residents Aged 65 and Older	100	96.3	1.04	89.2	1.12	91.5	1.09	87.7	1.14	
Title 19 (Medicaid) Funded Residents	0.0	52.8	0.00	50.4	0.00	60.8	0.00	67.5	0.00	
Private Pay Funded Residents	100	34.8	2.87	30.4	3.29	23.4	4.27	21.0	4.75	
Developmentally Disabled Residents	0.0	0.6	0.00	0.8	0.00	0.8	0.00	7.1	0.00	
Mentally Ill Residents	34.4	35.2	0.98	27.0	1.27	32.8	1.05	33.3	1.03	
General Medical Service Residents	26.6	23.7	1.12	27.0	0.98	23.3	1.14	20.5	1.30	
Impaired ADL (Mean)	49.7	50.5	0.98	48.9	1.02	51.0	0.97	49.3	1.01	
Psychological Problems	70.3	54.7	1.28	55.5	1.27	53.9	1.30	54.0	1.30	
Nursing Care Required (Mean)	8.2	7.2	1.14	6.8	1.21	7.2	1.14	7.2	1.14	